

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

MADISON PROJECT INC.

ADDRESS (number and street)

PO BOX 66128

☐Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20035

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00298000

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☒July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

SCOTT B MACKENZIE

Signature of Treasurer

Electronically Filed by SCOTT B MACKENZIE

Date

07

30

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 44

Write or Type Committee Name
MADISON PROJECT INC.

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	23697.12
(b) Cash on Hand at Beginning of Reporting Period	23697.12	
(c) Total Receipts (from Line 19)	74427.38	74427.38
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	98124.50	98124.50
7. Total Disbursements (from Line 31)	76521.45	76521.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21603.05	21603.05
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	2115.38	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 44

Write or Type Committee Name
MADISON PROJECT INC.

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	12115.00	12115.00
(ii) Unitemized	61312.38	61312.38
(iii) TOTAL (add Lines 11(a)(i) and (ii)	73427.38	73427.38
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	73427.38	73427.38
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1000.00	1000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	74427.38	74427.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	74427.38	74427.38

DETAILED SUMMARY PAGE

of Disbursements

4 / 44

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	70756.45	70756.45	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	70756.45	70756.45	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-235.00	-235.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	5000.00	5000.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	5000.00	5000.00	
29. Other Disbursements.....	1000.00	1000.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	76521.45	76521.45	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76521.45	76521.45	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 44

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	73427.38	73427.38
34. Total Contribution Refunds (from Line 28(d))	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	68427.38	68427.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	70756.45	70756.45
37. Offsets to Operating Expenditures (from Line 15, page 3)	1000.00	1000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	69756.45	69756.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)
MRS CARMEL M ALDERSON

Mailing Address **7510 MAISONS CT**

City State Zip Code
INDIANAPOLIS IN 46278

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 12 / 2009

Transaction ID: SA11AI.5929

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
MR RON AMINI

Mailing Address **3508 LOST CREEK BLVD**

City State Zip Code
AUSTIN TX 78735

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PETROLEUM ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 13 / 2009

Transaction ID: SA11AI.5935

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
MISS ANNA MAY S AUSTIN

Mailing Address **2355 S RIVER RD
 # G404**

City State Zip Code
MELBOURNE BCH FL 32951

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 10 / 2009

Transaction ID: SA11AI.5951

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)
MR ALLAN BARKER

Mailing Address 2690 ROXBURY CIR

City State Zip Code
SALT LAKE CITY UT 84108

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.4286

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
JAMES CARR

Mailing Address 111 POST OKA DR

City State Zip Code
SEARCY AR 72143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6868

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
MISS BETTY COVELL

Mailing Address 15707 BRADFORD DR

City State Zip Code
LAUREL MD 20707

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.4520

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

975.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)
WILLIAM ENGEL

Mailing Address **7059 COBURN LANE**

City State Zip Code
JOHNSTON IA 50131

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 27 / 2009

Transaction ID: SA11AI.6884

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
DONALD & PEGGY GREENMAN

Mailing Address **217 NORTHWAY**

City State Zip Code
BALTIMORE MD 21218

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE JOSEPH MULLEN CO

Occupation
PROPERTY OWNER & MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 09 / 2009

Transaction ID: SA11AI.4750

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
MR EVETTS HALEY, JR

Mailing Address **PO BOX 2515**

City State Zip Code
MIDLAND TX 79702

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 12 / 2009

Transaction ID: SA11AI.6199

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)

MR TATNALL L HILLMAN

Mailing Address 504 W BLEEKER ST

City

ASPEN

State

CO

Zip Code

81611

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6241

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MR TERRY HUTSON

Mailing Address PO BOX 688

City

BEARDEN

State

AR

Zip Code

71720

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN AR UNIV TECH

Occupation
TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.6266

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

MR THOMAS KEMPNER

Mailing Address 895 PARK AVE

City

NEW YORK

State

NY

Zip Code

10075

FEC ID number of contributing
federal political committee.

C

Name of Employer
DAVIDSON KEMPNER MANAGEMEN

Occupation
INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.4974

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)
MR GLEN H LATHROP, JR

Mailing Address **RR 1 BOX 835**

City State Zip Code
WEBBERS FALLS OK 74470

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 10 / 2009

Transaction ID: SA11AI.6327

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
MR KENNETH M MCCORMICK

Mailing Address **11622 GLENORA DR**

City State Zip Code
HOUSTON TX 77065

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

02 / 17 / 2009

Transaction ID: SA11AI.5152

Amount of Each Receipt this Period

240.00

C.

Full Name (Last, First, Middle Initial)
MR W K MCNEILLY

Mailing Address **1136 BRACE AVE APT 5**

City State Zip Code
SAN JOSE CA 95125

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 16 / 2009

Transaction ID: SA11AI.6393

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

740.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)
MR MICHAEL MILLER

Mailing Address **4402 BOXWOOD RD**

City State Zip Code
BETHESDA MD 20816

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 07 / 2009

Transaction ID: SA11AI.5204

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
MR MICHAEL MILLER

Mailing Address **4402 BOXWOOD RD**

City State Zip Code
BETHESDA MD 20816

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2009

Transaction ID: SA11AI.5205

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
MR PHILIP S PETERSON

Mailing Address **11198 NE 8TH AVE**

City State Zip Code
BISCAYNE PARK FL 33161

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 02 / 2009

Transaction ID: SA11AI.5354

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)

MISS MONTE RICHARDSON

Mailing Address 36 LAMBETH DR

City

ASHEVILLE

State

NC

Zip Code

28803

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.5413

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

MRS NANCY ROTH

Mailing Address 8545 CARMEL VALLEY RD

City

CARMEL

State

CA

Zip Code

93923

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.5452

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

MRS NANCY ROTH

Mailing Address 8545 CARMEL VALLEY RD

City

CARMEL

State

CA

Zip Code

93923

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.5453

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)
MS CLARA SATORIUS

Mailing Address **1012 S 58TH ST**

City State Zip Code
MILWAUKEE WI 53214

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
HOUSEWIFE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 09 / 2009

Transaction ID: SA11AI.5491

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
MRS ELIZABETH J SCHAFER

Mailing Address **610 1ST ST**

City State Zip Code
CORONADO CA 92118

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

02 / 11 / 2009

Transaction ID: SA11AI.5493

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)
MR JOHN J SHAUGHNESSY

Mailing Address **91 LONGMEADOW RD**

City State Zip Code
MILTON MA 02186

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 10 / 2009

Transaction ID: SA11AI.6561

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)
MR JOHN J SHAUGHNESSY

Mailing Address 91 LONGMEADOW RD

City State Zip Code
MILTON MA 02186

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6562

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MRS KAREN STAMM

Mailing Address 6312 HILLCREST PL

City State Zip Code
ALEXANDRIA VA 22312

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5604

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
MRS KAREN STAMM

Mailing Address 6312 HILLCREST PL

City State Zip Code
ALEXANDRIA VA 22312

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.6587

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)
MRS ADA A STRASENBURGH

Mailing Address PO BOX 608

City State Zip Code
OCEAN VIEW NJ 08230

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.5622

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
MRS ADA A STRASENBURGH

Mailing Address PO BOX 608

City State Zip Code
OCEAN VIEW NJ 08230

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.5623

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MRS ADA A STRASENBURGH

Mailing Address PO BOX 608

City State Zip Code
OCEAN VIEW NJ 08230

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.5624

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)
MR Z K STRZALKOWSKI

Mailing Address **65 DANDELION DR # DR3**

City State Zip Code
BOILING SPRINGS PA 17007

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 19 / 2009

Transaction ID: SA11AI.5628

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
MR PAUL J TRACY

Mailing Address **722 DUBLIN DR**

City State Zip Code
MISHAWAKA IN 46545

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 05 / 2009

Transaction ID: SA11AI.5689

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
MRS ANGELA WAITE

Mailing Address **1200 CALIFORNIA ST**

City State Zip Code
SAN FRANCISCO CA 94109

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

02 / 27 / 2009

Transaction ID: SA11AI.5755

Amount of Each Receipt this Period

700.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)

MISS JOPSEPHINE WOOD

Mailing Address 1400 ENTERPRISE DR APTN330
330

City	State	Zip Code
LYNCHBURG	VA	24502

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	0	9

Transaction ID: SA11AI.5823

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

12115.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 44

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)

WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City

CHANTILLY

State

VA

Zip Code

20151

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	9

Transaction ID: SA15.5857

Amount of Each Receipt this Period

1000.00

REFUND - CREDIT CARD HOLD-
BACK

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) BASE CONNECT INC</p> <p>Mailing Address FORMERLY BMW DIRECT INC 1155 - 15TH ST NW STE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4114</p> <p>Date of Disbursement 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 3255.47</p> <p>003 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) BASE CONNECT INC</p> <p>Mailing Address FORMERLY BMW DIRECT INC 1155 - 15TH ST NW STE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4115</p> <p>Date of Disbursement 01 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 4431.61</p> <p>003 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) BASE CONNECT INC</p> <p>Mailing Address FORMERLY BMW DIRECT INC 1155 - 15TH ST NW STE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4112</p> <p>Date of Disbursement 02 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1575.73</p> <p>003 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

9262.81

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) BLEPO, INC</p> <p>Mailing Address 307 W 7TH ST SUITE 300</p> <p>City FT WORTH State TX Zip Code 76102</p> <p>Purpose of Disbursement WEB DEVELOPMENT</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4159</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 706.75</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) BLEPO, INC</p> <p>Mailing Address 307 W 7TH ST SUITE 300</p> <p>City FT WORTH State TX Zip Code 76102</p> <p>Purpose of Disbursement WEB DEVELOPMENT</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4160</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 214.75</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICES</p> <p>Mailing Address 1155 - 15TH STREET NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4116</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2279.31</p>

SUBTOTAL of Disbursements This Page (optional)

3200.81

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4117

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4432.81

B.

Full Name (Last, First, Middle Initial)
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4118

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4119

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7432.81

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4120

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3069.52

B.

Full Name (Last, First, Middle Initial)
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4121

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2416.56

C.

Full Name (Last, First, Middle Initial)
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4122

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2416.56

SUBTOTAL of Disbursements This Page (optional)

7902.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)
CENTURY DATA SYSTEMS CORP

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DATA PROCESSING

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4123

Date of Disbursement

/ /

Amount of Each Disbursement this Period

360.00

B.

Full Name (Last, First, Middle Initial)
COLORTREE OF VIRGINIA

Mailing Address 2519 BRITTONS HILL RD

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4124

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2669.62

C.

Full Name (Last, First, Middle Initial)
COLORTREE OF VIRGINIA

Mailing Address 2519 BRITTONS HILL RD

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement
DIRECT MAIL FUNDRAISING - PRINTING

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4150

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5029.62

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CONSOLIDATED MAILING SERVICES</p> <p>Mailing Address 504 SHAW RD SUITE 206</p> <p>City STERLING State VA Zip Code 20166</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4127</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2774.50</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CONSOLIDATED MAILING SERVICES</p> <p>Mailing Address 504 SHAW RD SUITE 206</p> <p>City STERLING State VA Zip Code 20166</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4129</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1022.63</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement BANK CHARGES</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4133</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 203.11</p>

SUBTOTAL of Disbursements This Page (optional)

4000.24

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
BANK CHARGES

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4134

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.95

B.

Full Name (Last, First, Middle Initial)
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
SERVICE CHARGE

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4182

Date of Disbursement

/ /

Amount of Each Disbursement this Period

52.52

C.

Full Name (Last, First, Middle Initial)
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
BANK CHARGES

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4130

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12.52

SUBTOTAL of Disbursements This Page (optional)

69.99

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
BANK CHARGES

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4135

Date of Disbursement

/ /

Amount of Each Disbursement this Period

86.25

B.

Full Name (Last, First, Middle Initial)
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
BANK CHARGES

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4136

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.95

C.

Full Name (Last, First, Middle Initial)
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
BANK CHARGES

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4137

Date of Disbursement

/ /

Amount of Each Disbursement this Period

52.76

SUBTOTAL of Disbursements This Page (optional)

143.96

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
BANK CHARGES

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4132

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14.30

B.

Full Name (Last, First, Middle Initial)
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
BANK CHARGES

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4138

Date of Disbursement

/ /

Amount of Each Disbursement this Period

41.18

C.

Full Name (Last, First, Middle Initial)
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
BANK CHARGES

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4139

Date of Disbursement

/ /

Amount of Each Disbursement this Period

157.28

SUBTOTAL of Disbursements This Page (optional)

212.76

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. Full Name (Last, First, Middle Initial)
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
BANK CHARGES

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4140

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.95

B. Full Name (Last, First, Middle Initial)
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
BANK CHARGES

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4141

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.71

C. Full Name (Last, First, Middle Initial)
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
BANK CHARGES

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4142

Date of Disbursement

/ /

Amount of Each Disbursement this Period

37.96

SUBTOTAL of Disbursements This Page (optional)

47.62

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)
FULFILLMENT HOUSE

Mailing Address 13860 REDSKIN DR

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
MAILSHOP

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5868

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2237.48

B.

Full Name (Last, First, Middle Initial)
HOLTZMAN VOGEL PLLC

Mailing Address 1341 G STREET NW
SUITE 1100

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
CONSULTING - LEGAL

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.6965

Date of Disbursement

/ /

Amount of Each Disbursement this Period

337.50

C.

Full Name (Last, First, Middle Initial)
HSP DIRECT

Mailing Address 13755 SUNRISE DR
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
CREATIVE DEVELOPMENT

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5872

Date of Disbursement

/ /

Amount of Each Disbursement this Period

383.90

SUBTOTAL of Disbursements This Page (optional)

2958.88

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)
HSP DIRECT

Mailing Address 13755 SUNRISE DR
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
CREATIVE DEVELOPMENT

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5873

Date of Disbursement

/ /

Amount of Each Disbursement this Period

232.56

B.

Full Name (Last, First, Middle Initial)
INTEGRAM

Mailing Address 8421 HILLTOP RD

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement
MAILSHOP

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5897

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3469.90

C.

Full Name (Last, First, Middle Initial)
INTEGRAM

Mailing Address 8421 HILLTOP RD

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement
MAILSHOP

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5875

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2161.64

SUBTOTAL of Disbursements This Page (optional)

5864.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)
INTEGRAM

Mailing Address 8421 HILLTOP RD

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement
MAILSHOP

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5876

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1646.01

B.

Full Name (Last, First, Middle Initial)
PATTON-KIEHL GROUP INC

Mailing Address PO BOX 590

City THORNBURG State VA Zip Code 22565

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4126

Date of Disbursement

/ /

Amount of Each Disbursement this Period

790.66

C.

Full Name (Last, First, Middle Initial)
ANDREW RYUN

Mailing Address 155 DUDDINGTON PL SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
CONSULTING - POLITICAL

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5899

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

5436.67

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. Full Name (Last, First, Middle Initial) ANDREW RYUN	Transaction ID: SB21B.5909 Date of Disbursement																				
Mailing Address 155 DUDDINGTON PL SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONSULTING - POLITICAL Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) NED RYUN	Transaction ID: SB21B.5904 Date of Disbursement																				
Mailing Address 120 N HATCHER AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	9												
City PURCELLVILLE State VA Zip Code 20132	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONSULTING - MANAGEMENT Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) NED RYUN	Transaction ID: SB21B.5915 Date of Disbursement																				
Mailing Address 120 N HATCHER AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	9												
City PURCELLVILLE State VA Zip Code 20132	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONSULTING - MANAGEMENT Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

<p>A. Full Name (Last, First, Middle Initial) SHORT TERM MAIL & POSTAGE ACCT</p> <p>Mailing Address 13755 SUNRISE VALLEY DR SUITE 450</p> <p>City HERNDON State VA Zip Code 20171</p> <p>Purpose of Disbursement POSTAGE</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5878 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>3958.59</div> </div> </p>
<p>B. Full Name (Last, First, Middle Initial) SUNRISE DATA SERVICES</p> <p>Mailing Address 13755 SUNRISE VALLEY DR SUITE 450</p> <p>City HERNDON State VA Zip Code 20171</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5881 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 4 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>70.00</div> </div> </p>
<p>C. Full Name (Last, First, Middle Initial) SUNRISE DATA SERVICES</p> <p>Mailing Address 13755 SUNRISE VALLEY DR SUITE 450</p> <p>City HERNDON State VA Zip Code 20171</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5882 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>345.00</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional)

4373.59

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. Full Name (Last, First, Middle Initial) VALLEY SELF STORAGE	Transaction ID: SB21B.4165 Date of Disbursement																				
Mailing Address 37221 E RICHARDSON	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City PURCELLVILLE State VA Zip Code 20132	Amount of Each Disbursement this Period																				
Purpose of Disbursement STORAGE BIN Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>	300.00																			
300.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) WACHOVIA BANK	Transaction ID: SB21B.4174 Date of Disbursement																				
Mailing Address 1510 K STREET NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	4		2	0	0	9												
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANK CHARGE Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td colspan="10">35.00</td> </tr> </table>	35.00																			
35.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) WACHOVIA BANK	Transaction ID: SB21B.4175 Date of Disbursement																				
Mailing Address 1510 K STREET NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement SERVICE CHARGE Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td colspan="10">15.05</td> </tr> </table>	15.05																			
15.05																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

350.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)
WACHOVIA BANK

Mailing Address 1510 K STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
MERCHANT SERVICE FEE

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4172

Date of Disbursement

06 / 02 / 2009

Amount of Each Disbursement this Period

29.90

B.

Full Name (Last, First, Middle Initial)
WACHOVIA BANK

Mailing Address 1510 K STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
SERVICE CHARGE

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4176

Date of Disbursement

06 / 09 / 2009

Amount of Each Disbursement this Period

8.05

C.

Full Name (Last, First, Middle Initial)
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
CAGING & ESCROW SERVICES

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5889

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

894.24

SUBTOTAL of Disbursements This Page (optional)

932.19

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
CAGING & ESCROW SERVICES

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5890

Date of Disbursement

/ /

Amount of Each Disbursement this Period

812.32

B.

Full Name (Last, First, Middle Initial)
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
CAGING & ESCROW SERVICES

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5891

Date of Disbursement

/ /

Amount of Each Disbursement this Period

725.05

C.

Full Name (Last, First, Middle Initial)
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
CAGING & ESCROW SERVICES

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5892

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1391.02

SUBTOTAL of Disbursements This Page (optional)

2928.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
CREDIT CARD HOLDBACK

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5886

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
CAGING & ESCROW SERVICES

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5887

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
CAGING & ESCROW SERVICES

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5888

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

2548.15

TOTAL This Period (last page this line number only)

69695.28

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 / 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)

JIM RISCH FOR U S SENATE COMMITTEE

Mailing Address 407 W JEFFERSON STREET

City
BOISE

State
ID

Zip Code
83702

Purpose of Disbursement
VOID UNCASHED CK DATED 10/30/2008

Candidate Name
JAMES E RISCH

Office Sought: ☐ House
☒ Senate
☐ President

State: ID District: 00

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4178

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2009

Amount of Each Disbursement this Period

-235.00

SUBTOTAL of Disbursements This Page (optional)

-235.00

TOTAL This Period (last page this line number only)

-235.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 / 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)
W P BUCKTHAL

Mailing Address 700 S FILLMORE ST

City State Zip Code
AMARILLO TX 79101

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.5917

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)
CUCCINELLI FOR ATTORNEY GENERAL

Mailing Address 10560 MAIN STREET
SUITE 218

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
MADISON PROJECT INC.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.5913

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 41 / 44

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
BASE CONNECT INCNature of Debt (Purpose):
DIRECT MAIL FUNDRAISING
FOR TMPMailing Address FORMERLY BMW DIRECT INC
1155 - 15TH ST NW STE 410City State ZIP Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

10164.67

Transaction ID: SD10.4106

Amount Incurred This Period

-901.86

Payment This Period

9262.81

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CENTURY DATA MAILING SERVICESNature of Debt (Purpose):
DIRECT MAIL FUNDRAISING
FOR TMPMailing Address 1155 - 15TH STREET NW
SUITE 410City State ZIP Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

4432.81

Transaction ID: SD10.4107

Amount Incurred This Period

13181.95

Payment This Period

17614.76

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CENTURY DATA SYSTEMS CORPNature of Debt (Purpose):
DATA PROCESSINGMailing Address 1155 - 15TH STREET NW
SUITE 410City State ZIP Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

1175.00

Transaction ID: SD10.4108

Amount Incurred This Period

-815.00

Payment This Period

360.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 42 / 44

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
COLORTREE OF VIRGINIANature of Debt (Purpose):
DIRECT MAIL FUNDRAISING -
PRINTING

Mailing Address 2519 BRITTONS HILL RD

City State ZIP Code
RICHMOND VA 23230

Outstanding Balance Beginning This Period

2669.62

Transaction ID: SD10.4109

Amount Incurred This Period

2000.00

Payment This Period

4669.62

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ELECTRONIC REPORTING SYSTEMS INCNature of Debt (Purpose):
BEST EFFORTS MAILINGS

Mailing Address 683 BERRYVILLE AVE

City State ZIP Code
WINCHESTER VA 22601

Outstanding Balance Beginning This Period

1645.80

Transaction ID: SD10.4110

Amount Incurred This Period

0.00

Payment This Period

102.18

Outstanding Balance at Close of This Period

1543.62

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
FULFILLMENT HOUSENature of Debt (Purpose):
MAILSHOP

Mailing Address 13860 REDSKIN DR

City State ZIP Code
HERNDON VA 20171

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.5867

Amount Incurred This Period

2237.48

Payment This Period

2237.48

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

1543.62

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 43 / 44

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
HSP DIRECTNature of Debt (Purpose):
CREATIVE DEVELOPMENTMailing Address 13755 SUNRISE DR
SUITE 450City State ZIP Code
HERNDON VA 20171

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.5871

Amount Incurred This Period

616.46

Payment This Period

616.46

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
INTEGRAMNature of Debt (Purpose):
MAILSHOP

Mailing Address 8421 HILLTOP RD

City State ZIP Code
FAIRFAX VA 22031

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.5874

Amount Incurred This Period

7277.55

Payment This Period

7277.55

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
PATTON-KIEHL GROUP INCNature of Debt (Purpose):
DIRECT MAIL FUNDRAISING -
MAILSHOP

Mailing Address PO BOX 590

City State ZIP Code
THORNBURG VA 22565

Outstanding Balance Beginning This Period

790.66

Transaction ID: SD10.4111

Amount Incurred This Period

0.00

Payment This Period

790.66

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional).....

0.00

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 44 / 44

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
SHORT TERM MAIL & POSTAGE ACCTNature of Debt (Purpose):
POSTAGEMailing Address 13755 SUNRISE VALLEY DR
SUITE 450City State ZIP Code
HERNDON VA 20171

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.5877

Amount Incurred This Period

3958.59

Payment This Period

3958.59

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SUNRISE DATA SERVICESNature of Debt (Purpose):
DATA PROCESSINGMailing Address 13755 SUNRISE VALLEY DR
SUITE 450City State ZIP Code
HERNDON VA 20171

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.5879

Amount Incurred This Period

615.00

Payment This Period

580.00

Outstanding Balance at Close of This Period

35.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
WASHINGTON INTELLIGENCE BUREAUNature of Debt (Purpose):
CAGING & ESCROW SERVICES

Mailing Address 4128 PEPSI PLACE

City State ZIP Code
CHANTILLY VA 20151

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.5885

Amount Incurred This Period

6907.54

Payment This Period

6370.78

Outstanding Balance at Close of This Period

536.76

1) **SUBTOTALS** This Period This Page (optional).....

571.76

2) **TOTALS** This Period (last page this line number only).....

2115.38

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

2115.38